



United States
ENVIRONMENTAL PROTECTION AGENCY
 Washington, DC 20460

OPP Identifier Number

202693

Office of Pesticides Programs (7505C)

**Application for Experimental Use Permit to Ship and
 Use a Pesticide for Experimental Purposes Only**

1. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Amendment (See No. 2) <input type="checkbox"/> Extension (Give Permit Number below)		2. Briefly explain (Attach a separate sheet if necessary) 1. Amend request for new EUP for B.t. Cry34/35 Ab1 construct PHP17662 insecticidal crystal protein derived from <i>Bacillus thuringiensis</i> , to submit revised Section G 2. Request for non-crop destruct status.	
Permit Number _____			
3. Name and Address of Firm/Person to Whom the Experimental Use Permit is to be Issued (Include Zip Code) (Type or Print) Mycogen Seeds c/o Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268		4. Name and Address of Shipper only if shipment is intended or if different from applicant's name and address (include Zip Code) (Type or Print) 	
EPA Company Number <u>68467</u>		6. Is Product Registered with EPA? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Give Registration Number or File Symbol below) Registration Number _____ File Symbol _____	
5. Name of Product Mycogen Brand B.t. Cry 34/35Ab1 Construct PHP17662 Corn			
7. Total Quantity of Product Proposed for Shipment/Use Pounds of formulated product _____ Pounds of active ingredient <u>Cry34Ab1 0.307; Cry35Ab1 0.008</u>		8. Acreage or Area to be Treated 393.5	9. Proposed Period of Shipment/Use March, 2003 - March 31, 2004
10. Places from which Shipped Any Mycogen Seeds or Dow AgroSciences LLC seed facility in the U.S.		11. Crop/Site to be Treated Maize	
12. Specify the name and number of the contact person most familiar with this application. Penny L. Hunst 317-337-3977		13. Signature of Applicant or Authorized Firm Representative 	
		14. Title Regulatory Manager	15. Date Signed 01-15-03
Certification			
This is to certify that food or feed derived from the experimental program will not be used or offered for consumption or sale for consumption, except by laboratory or experimental animals, if illegal residues are present in or on such food or feed.			
I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both, under applicable law			
Below for EPA Use Only			
In any correspondence on this application, refer to this number _____		Received by: EPA-OPP Registration Division, Washington, DC 20460	
Normal review time indicates that processing of this application should be completed by (date) _____			
Name of EPA Contact Person _____	Telephone Number _____		